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COUNTRY

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		0162/00572			
First Named Inv	entor or Application Id	L entifier	Michio SURUGA		
Title	AUDIO N	MIXER	1	_	
Express Mail	Label No.			-	

APPLICATION	ELEMENTS	Commissioner for Patents ADDRESS TO: Box Applications Washington D.C. 20221				
(for continuation/division i. DELETION OF IN Signed statemen named in the pric 1.63(d)(2) and 1	[Total Pages [28] Inth below) Inth below) Inth below) Intervention Ited Applications I sponsored R & D I Appendix Iteion Intervention Intervention Intervention Intervention Intervention Intervention Intervention Intervention I Total Pages [16] I Total Pages [1] I Intervention I Interventio	Washington, D.C. 20231 7. Microfiche Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. Assignment papers (cover sheet & document(s)) SEE NEXT PAGE FOR ASSIGNEE INFORMATION 10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee) 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified copy of Priority Document(s) (if foreign priority is claimed) 16. Other:				
Application Data Sheet. See 37 CFR 1.76 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.						
	17. CORRESPON	DENCE ADDRESS				
Customer Number or Bar Code La		. or Attach bar code	or correspondence address below	,		
NAME		Connolly Bove Lodge				
ADDRESS		Suite 800				
		1990 M Street, N.W.				

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TELEPHONE

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(202) 331-7111

ZIP CODE

FAX

20036-3425

(202) 293-6229

Washington

U.S.A

		_		Fee Calculation	n and Tran	smittal			
	(Col 1)		(Col 2)	(Col 3)	SMA	ALL ENTITY]	NON	-SMALL ENTITY
	NO. FILED			NO. EXTRA	RATE	FEE	OR	RATE	FEE
TOTAL	10	minus	20	= 0	x9=	\$		x18=	\$
INDEP	1	minus	3	= 0	x40=	\$		x80=	\$
_ First Presentation, Multiple Dependent Claims +135=				+135=	\$		+270=	\$	
		Base F	Filing Fee			\$355			\$710
Other Fee (spe	ecify purpose)					\$			\$
TOTAL FILING	FEE* (accounting	g for possib	le small entity	status)		\$355	OR	TOTAL	\$

	A check in the a	mount of \$ to cover the filing fee is enclosed				
		and this time. Full payment will be made when the executed Declaration is submitted.				
I	The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplication copy of this sheet is enclosed.					
	☑	Charge the amount of \$395.00 as filing fee Credit any overpayment.				
		Charge any additional filing fees required under 37 CFR § 1.16				
	☑	Charge any additional filing fees required under 37 CFR § 1.17 If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.				

Assignee Name and address:

Name (<i>Print/Type)</i>	George R. Pettit	Registration No. (Attorney/Agent)	27,369
Signature	Chan Rober	Date	January 9, 2001